

**EFFECT OF THE NURSE-CLIENT THERAPEUTIC ALLIANCE
TOWARD POSITIVE SYMPTOMS OF PATIENT WITH
SCHIZOPHRENIA**



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**By:
ANNISA FAIS PRADEVI
J210174033**

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HALAMAN PERSETUJUAN

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UNIVERSITAS MUHAMMADIYAH SURAKARTA**

PUBLIKASI ILMIAH

oleh:

ANNISA FAIS PRADEVI
J 210 174 033

Telah diperiksa dan disetujui untuk diuji oleh:

Dosen Pembimbing



Nurlaila Fitriani, S.Kep., M.Kep., Ns, Sp.kep.J
NIK 100.1992

HALAMAN PENGESAHAN

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**OLEH
ANNISA FAIS PRADEVI
J 210 174 033**

**Telah dipertahankan di depan Dewan Penguji
Fakultas Ilmu Kesehatan
Universitas Muhammadiyah Surakarta
Pada hari Kamis, 12 Agustus 2021
dan dinyatakan telah memenuhi syarat**

Dewan Penguji:

**Nurlaila Fitriani, S.Kep.,M.Kep.,Ns, Sp.kep.J
(Ketua Dewan Penguji)**

(.....)

**Dr.Arif Widodo, A.Kep.,M.Kes
(Anggota I Dewan Penguji)**

(.....)

**Kartinah, S.Kep.,MPH
(Anggota II Dewan Penguji)**

(.....)

Dekan,




**Dr. Umi Budi Rahayu, S.Fis.,Ftr.,M.Kes
NIK.750**

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Surakarta, 21 JUNE 2021

Author



Annisa Fais Pradevi

J 210 174 033

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Abstrak

Skizofrenia adalah gangguan yang terjadi pada neurotransmitter otak yang menyebabkan penderitanya mengalami gangguan dalam sikap, ucapan, pemikiran yang tidak terkendali yang mempengaruhi kehidupan penderitanya. Pada skizofrenia terdapat 2 tanda gejala yaitu tanda gejala positif dan tanda gejala negatif. Tanda gejala negatif meliputi afek tumpul, penarikan diri, penarikan sosial, pemikiran stereotip. Sedangkan, tanda gejala positif meliputi halusinasi, waham, gangguan konsep diri. Metode terapi yang bisa diberikan pada pasien Skizofrenia yaitu pemberian terapeutik Alliance. Terapeutik Alliance merupakan hubungan terapeutik yang didalamnya meliputi komunikasi terapeutik antara perawat dengan pasien. Tujuan penelitian ini untuk mengetahui pengaruh dari terapeutik alliance terhadap hubungan perawat-pasien dan tanda gejala positif pasien Skizofrenia. Penelitian ini merupakan penelitian *kuantitatif* dengan desain penelitian *quasi experimental* dan metode pendekatan *one group pretest-posttest*. Sampel berjumlah 24 pasien skizofrenia yang diambil menggunakan teknik *non probability sampling*. Kesimpulan penelitian ini terdapat pengaruh terapeutik alliance terhadap hubungan perawat-pasien dan tanda gejala positif pasien skizofrenia ketika diukur dengan kuesioner SAPS dan CALPAS.

Kata Kunci : skizofrenia, terapeutik alliance, hubungan perawat pasien, tanda gejala positif.

Abstract

Schizophrenia is a disorder that occurs in the neurotransmitters of the brain that causes sufferers to experience disturbances in attitude, speech, uncontrolled thinking that affect the sufferer's life. In schizophrenia there are 2 signs of symptoms, namely signs of positive symptoms and signs of negative symptoms. Signs of negative symptoms include blunted affect, withdrawal, social withdrawal, stereotyped thinking. Meanwhile, positive signs include hallucinations, delusions, impaired self-concept. The therapeutic method that can be given to Schizophrenia patients is the Alliance's therapeutic administration. Therapeutic Alliance is a therapeutic relationship which includes therapeutic communication between nurses and patients. The purpose of this study was to determine the effect of the therapeutic alliance on the nurse-patient relationship and positive signs of schizophrenia patients. This research is a *quantitative research* with a *quasi-experimental* research design and *one group pretest-posttest* method. A sample of 24 schizophrenic patients was taken using a *non-probability sampling* technique. The conclusion of this study is that there is an effect of therapeutic alliance on the nurse-patient relationship and positive signs of schizophrenia patients when measured by the SAPS and CALPAS questionnaires.

Keywords: schizophrenia, therapeutic alliance, nurse-patient relationship, positive signs and symptoms.

1. INTRODUCTION

Schizophrenia is a disorder that occurs in brain neurotransmitters that causes sufferers to have disturbances in attitude, speech, uncontrolled thinking that affects the sufferer's life. According

to the World Health Organization (WHO, 2019) Schizophrenia is a severe psychological disorder that affects 20 million people worldwide. Schizophrenia can also cause symptoms of psychosis which have signs of irregularities in thinking patterns, points of view, emotional, grammar, and behavior patterns. When symptoms of psychosis appear, the patient will experience hallucinations, delusions or delusions. The number of households that have household members with symptoms of psychosis reaches 1929 people, with a high prevalence in the provinces of Yogyakarta, Bali, West Nusa Tenggara, Central Java, and South Sulawesi. The lowest prevalence is found in Maluku, East Nusa Tenggara, North Maluku, Riau Islands and Papua provinces (Idaiani Sri et al., 2019).

According to the results of Basic Health Research data or (Badan Penelitian dan Pengembangan Kesehatan RI, 2018) the increase in the number of people with mental disorders was quite significant compared to Riskesdas 2013, which was from 1.7 permil to 7 permil. This means that per 1000 households have 7 household members with mental disorders. So it is estimated that the number of people with mental disorders reaches 450 thousand people. From the data and information center of the Indonesian Ministry of Health or (Balai Penelitian dan Pengembangan Kesehatan, 2018) the prevalence (permil) of households with schizophrenia in the Central Java region is 8.7% or around 37,516 people. Meanwhile, the prevalence (permil) of households with household members suffering from schizophrenia according to their residence in rural areas is 7.0% or around 127,406 people, while in urban areas it is 6.4% or 155,248 people.

There are two treatments for schizophrenia, namely pharmacologically and non-pharmacologically treatment. Non-pharmacological treatment is carried out with therapeutic treatment (Batinic, 2019). To form a good therapeutic treatment, nurses need to have self-awareness and the ability to manage empathy for patients especially they are suffered of the positive symptoms of schizophrenic patients appear hallucinations that trigger feelings of alertness towards others and think others will harm the patient. Therefore, communication with patients becomes challenge, because trust has not been formed between patient nurses.

Then a Therapeutic Alliance is needed. It as An alliance between nurses and schizophrenic patients, in addition the Therapeutic Alliance is the core of the nursing role and the achievement of positive outcomes for patients with mental health (Hartley et al., 2020). Alliance therapeutic is the same as the interpersonal relationship between patient caregivers. In recent studies, patients desire to interact more with nurses and mental professionals to deal with their mental health problems (Harris & Panozzo, 2019).

From the medical record data of RSJD Dr. Arif Zainudin Surakarta, it was found that the number of patients with mental disorders in 2019 was 3.814 patients with outpatient care and 2.913 patients with inpatients. Meanwhile in 2020 starting from January to August, data were obtained as many as 23.131 mental patients with outpatients and 1.749 patients with inpatients. From the total number of mental patients in 2019, data were obtained as many as 21.008 patients with schizophrenia, in 2020 starting from January to September of the total number of patients there were 1459 patients with schizophrenia.

Therefore, it is felt that research is important to do to determine for sure whether there is a effect from therapeutic relationship between the alliance of nurse patients toward positive symptoms of schizophrenia at RSJD Dr. Arif Zainudin Surakarta.

2. METHODS

This research refers to a quantitative research approach. Quantitative research is research conducted formally, objectively, and systematically and the results are numerical (burns, 2013). Type of research used a quasi experimental research design. Research that provides treatment and measures the effects of treatment but does not use a random sample to infer changes caused by the treatment. (burns, 2013). Design used in this research is a one group pretest-posttest design. The research pattern method of one group pretest-posttest.

Population is a group, individual, or certain component (burns, 2013). The population of this study was all patients with schizophrenia in RSJ Dr.Arif Zainudin Surakarta from the number of 1459 schizophrenia patients in 2020. The type of sampling used in this study is Non-probability with Convenient Sampling Technique. Convenient sampling is a sampling technique by accessing the easiest sample to get or by searching for a collection of available information about the information needed (burns, 2013). The inclusions of patient aged 19-60 years, patients diagnosed with type of Schizophrenia, the patient is in a clinically stable condition, agree become respondent. The inclusion of nurse a team of nurses is included in the team caring for trained schizophrenia patients, age 22-55 years old, diploma or bachelor of nurse degree, have nurse license, agree become respondent. The exclusion the patient the acute patient, outpatient category, patient with physical illness : head injury, cancer, fracture, patient post Electro convulsive therapy (ECT), patient do not agree to following the study, reject the ethical form and reject informed consent, illiterate patient. The exclusion the nurse refused to be a respondent, nurses who have physical injuries, nurse on training/orientation work.

The instrument in this study used two questionnaires, namely the California Psychotherapy Alliances Scales (CALPAS) with 24 questions and the Scale for the Assessment of Positive symptoms (SAPS) questionnaire with 34 questions, while data analysis used univariate.

The reasons for choosing CALPAS were because of its high internal consistency, high inter-rater reliability, and high correlation with other measures of working alliances. (Tichenor, Victoria and Hill, Clara, 1989). The CALPAS was developed by Marmar et al., 1987. The total number of questions for CALPAS was 24 questions for the Nurse version, and 24 questions for the Patient version. The CALPAS assessment score starts from 1-7 with interpretations of 1 (not at all), 2 (a little bit), 3 (somewhat), 4 (Moderately), 5 (quite a bit), 6 (quite a lot), 7 (very much so). The validity for CALPAS is $r = 0.90$ and the Reliability Test for CALPAS is $r = 0.90$ (Tichenor, Victoria and Hill, Clara, 1989). The SAPS was develop by Andreasen, Nancy C., year 1984. The total number of SAPS instruments was 34 items with the hallucinations, delusions, bizzare behavior, and formal thought disturbances subscales. The SAPS assessment score starts from 0-5 with interpretations of 0 (None), 1 (Questionable), 2 (Mild), 3 (Moderate), 4 (Marked),

5 (Severe). The validity for SAPS is $r = 0.91$ and the SAPS reliability test is $r = 0.91$ (Norman, Ross M.G. et al., 1995).

3. RESULT AND DISCUSSION

3.1 Respondent Characteristics

Characteristic	f	%
Gender		
Man	13	54%
Woman	11	45%
Profession		
Work	10	41%
Not Work	14	58%
Education		
SD	11	45%
SMP	5	20%
SMA	4	16%
No Education	4	16%
Total	24	100%

The results of the analysis on the characteristics of the respondents based on gender, the majority were male 13 respondents (54%) and female minority were 11 respondents (45%). Characteristics of respondents based on occupation as many as 10 respondents (41%) working and not working as many as 14 respondents (58%). Characteristics of respondents based on primary education, the majority were 11 respondents (45%).

	Min	Max	SD	95% CI
Age	21.00	55.00	8.89	32.2-39.7
Remission status	3.00	7.00	1.45	4.6-5.9
Disease duration	1.00	6.00	1.64	1.7-3.1

In 24 respondents it was found that the minimum age was 21 years and the maximum was 55 years. Based on the remission status of 24 respondents, the minimum score was 3 times and the maximum was 7 times. Based on the duration of the disease in 24 respondents, the minimum value was 1 year and the maximum was 6 years.

3.2 Description of the Nurse-Patient Relationship & Positive Symptoms of Patients with Schizophrenia Before and After Therapeutic Alliance

Respondents in this study amounted to 24 respondents with positive symptoms of schizophrenia at Dr. Arif Zainudin Hospital Surakarta. The following are descriptive statistics of respondents at RSJD Dr. Arif Zainudin:

Variabel	Before		After	
Nurse-Patient Relationship	f	%	f	%
Low	7	29%	0	0%
Enough	0	0%	2	8%
Moderate	17	70%	22	91%
Total	24	100%	24	100%

Positive Symptoms Schizophrenia				
Mild	1	4%	2	8%
Moderate	7	29%	22	91%
Severe	16	66%	0	0%
Total	24	100%	24	100%

From table 4.3 it is known that the majority of 17 respondents (70%) have a moderate relationship with nurses, and 7 respondents (29%) have a low relationship with nurses. While the majority of respondents were 16 respondents (66%) with moderately severe symptoms, 7 respondents (29%) with moderate symptoms and 1 respondent (4%) with mild symptoms.

After being given treatment in the form of a therapeutic alliance, respondents showed the changes that we can see from the results of filling out the post test questionnaire with the results of the majority of 22 respondents (91%) having a moderate relationship with nurses, and 2 respondents (8%) having a sufficient relationship with nurses . While the majority of respondents were 22 respondents with moderate level of symptoms, 2 respondents (8%) with mild symptom level.

3.3 The Effect of Alliance Therapeutic on the Nurse-Patient Relationship

Nurse-Patient Relationship	n	Minimum Value	Maksimum Value	Mean	SD	<i>p-value</i>
Before	24	67	78	73.75	2.92	0.000
After	24	94	110	98.54	2.94	

Based on Table 4.4, it can be seen that before the therapeutic alliance was given the average value was 73.75 with a minimum value of 67 and a maximum value of 78. After the therapeutic alliance was performed, there was a significant increase, namely the average value to 98.54 with a minimum value of 94 and the maximum value is 110. The average value obtained after administration of therapeutic alliance is in the good category. This shows that there are benefits from providing a therapeutic alliance.

The results of the analysis of differences in the relationship between nurses and patients before and after the therapeutic alliance with the Paired T-Test test showed a *p-value* of 0.000. These results indicate that there is a difference between the nurse-patient relationship before the therapeutic alliance and the nurse-patient relationship after the therapeutic alliance.

3.4 The Effect of Alliance Therapeutic on Positive Signs and Symptoms of Patients With Schizophrenia

Positive Signs and Symptoms Schizophrenia	n	Minimum Value	Maksimum Value	Mean	SD	<i>p-value</i>
Before	24	59	114	100.33	14.22	0.000
After	24	58	100	87.45	12.10	

Based on Table 4.5, it can be seen that before the therapeutic alliance was given the average value was 100.33 with a minimum value of 59 and a maximum value of 114. After the therapeutic alliance was performed, there was a significant decrease, namely the average value to 87.45 with a minimum value of 58 and the maximum value is 100. The average value obtained after administration of therapeutic alliance is in the good category. This shows that there are benefits from providing a therapeutic alliance.

The results of the analysis of the difference in positive signs and symptoms of schizophrenia patients before and after the therapeutic alliance with the Paired T-Test

test showed a p-value of 0.000. These results indicate that there is a difference between the positive symptoms of patients with schizophrenia before the therapeutic alliance and the positive symptoms of patients with schizophrenia after the therapeutic alliance.

3.5 Discussion

3.5.1. Characteristics of Respondents

1. Age

Based on the results of the study that the characteristics of respondents based on age, the majority were aged 21-55 years. These results are in line with research (Zahnia & Wulan Sumekar, 2016) which found age with risk factors for schizophrenia, namely the age of 18-55 years. This study concluded that schizophrenic disorders often affect adolescents and early adulthood between 15-25 years. The peak age of onset in males is 15-25 years, and the peak age for females is 25-30 years. This is due to adolescents and early adulthood where a person is in the most critical phase of their life, the phase where someone will complete their education, find a job, find a partner, and finally get married, and it is in this phase that schizophrenia often causes disturbances in a person's life. and cause enormous suffering to the community (Andira & Nuralita, 2018).

2. Gender

Based on the results of the research on the characteristics of the respondents by gender, the majority of respondents were male as many as 13 (54%) and female as many as 11 (45%). This is in line with Andira (2018) which found a significant difference between the number of schizophrenic patients with symptoms of depression in the male and female sexes, the results with the most depressive symptoms were found in patients with male sex as many as 78 people (69.0%), while in female patients the results were 35 people (31.0%). In accordance with the theory that usually men when depressed will form self-defense strategies to fight depression by showing an attitude of rejection when they are sick, male patients will refuse to take medication on the grounds that they feel they can overcome their depression on their own without taking medication (Yunitasari & Zulfa, 2018). Usually male patients will divert their depression by consuming additives, alcohol, and cigarettes, the result will be worsening the disease, the patient will often relapse, often hospitalized, a state of drug withdrawal occurs, until a sense of helplessness arises and ends his life (Andira & Nuralita, 2018).

3. Profession

Based on the results of the research on the characteristics of respondents by occupation, it was found that 10 respondents (41%) worked, and 14 respondents (58%) did not work. This result is in line with Siti's research (2016) which found that someone who does not work is at higher risk of developing schizophrenia than someone who works. People who do not work will more easily become stressed which is related to high levels of stress hormones (catecholamines) and lead to helplessness, because people who work have a sense of optimism about the future and have a greater enthusiasm for life compared to those who do not work (Darsana & Suariyani, 2020). In addition, the opinion of Jean and Canto shows that there are psychosocial factors that can influence a person to experience a schizophrenic mental disorder, including low economic status and stress due to the environment (Rifqi et al., 2003).

4. Education

Based on the results of the research on the characteristics of respondents based on education, it was found that the majority of respondents had a final education level in elementary school as many as 11 respondents (45%). This result is in line with Sudarmono's research (2018) which found that respondents with a low level of education suffer from schizophrenia more (45.6%) than those with a high level of education. Education is a strategic means to improve the quality of a person, as well as a nation. Apart from being a social tool, education is also one of the basic determinants of a person's quality of life. Individuals with limited abilities/low education and lack of competence will be excluded from job competition and have poor economic prospects. Based on research, individuals who drop out of school early on will face normative risks from the surrounding community such as being ostracized because of their reduced abilities, and also face a higher risk of poverty (Sudarmono, 2018). The ability to socialize and receive information from outside appropriately greatly affects a person in carrying out the educational process, if the patient already suffers from schizophrenia this will make it difficult for him to attend formal education (Tampubolon, 2015).

5. Remission Statuse

Based on the results of the research on the characteristics of respondents based on remission status, it was found that the majority of 14 respondents (58%) had frequent

remission status or more than 5 times. This is in line with research (Nofriyanto, 2019) who concluded that relapse in schizophrenic patients is influenced by various complex factors. Factors that are still possible to influence in this study are the low knowledge of patients and families regarding the disease and adherence to treatment. So that it can be a relapse in Schizophrenic patients. According to (Andari, 2017), One of the factors that play a very important role in increasing the relapse rate in schizophrenia is due to the patient's relationship with the family.

6. Duration Disease

Based on the results of the research on the characteristics of the respondents based on the duration of the disease, it was found that the majority of the 14 respondents (58%) had a long duration of schizophrenia or more than 1 year. This is in line with Sri's research (2016) which concluded that the duration of illness in schizophrenic patients was caused by the patient's non-adherence in taking medication. Patients tend to feel bored in taking the drug, causing relapse. Recurrence results in the emergence of prominent positive symptoms and cannot be controlled so that the patient requires rehospitalization so that these symptoms can be controlled and do not endanger the patient's condition and those around the patient (Diny Rezki Amelia, 2013).

3.5.2 Description of the Nurse-Patient Relationship and Positive Signs of Symptoms of Patients with Schizophrenia

1. Description of the Nurse-Patient Relationship

Based on research conducted at Dr. Arif Zainudin Hospital, Surakarta that most of the nurse-patient relationships are categorized as moderate. These results are obtained in accordance with those obtained in the field that there are some nurses who are less open when communicating with patients, some are indifferent. This causes patients to feel less cared for and less open to talk about their problems. This research was conducted in a special type A hospital under the Central Java Provincial Government. Hospitals with type A are hospitals that prioritize service quality and become the highest referral mental hospital at the provincial level. Therefore, in this mental hospital nurses have a role as the spearhead of health services to patients. Thus, nurses are required to have the ability to

perform a therapeutic relationship to provide effective nursing care to patients. The nurse-patient relationship is one in which two participants must recognize each other as unique and important human beings. It is also a relationship where mutual learning occurs (Videbeck, 2011). Therapeutic relationships are formed through the formation of a sense of trust, respect, openness, empathy (Videbeck, 2011). This is similar to previous research conducted by (Fasya & Supratman, 2018) that a therapeutic relationship can be built when nurses are able to give sincere praise, give appreciation, listen wholeheartedly, show acceptance and give appreciation in the form of opportunities for patients to ask questions. Patients describe the ideal nurse for a therapeutic relationship as respectful, empathetic, honest, friendly, and available. Patients value the humanistic model of care above all else, remembering that they want to be treated equally and expect to be empowered by their caregivers to grapple with their illness and their own care. It is clear that for a relationship to be effective there needs to be mutual respect considering the differences between people (Moreno-Poyato et al., 2016). Good relationships with patients, on the other hand, are accompanied by mutual trust, friendliness, closeness, resolution of doubts, counselling, empathy, and even friendship, as is widely contextualized in other studies. This poor relationship puts the nurse in the position of an expert in care, accompanied by distance from the patient, with constant conflict, scarce communication, reduced time dedicated to patients and their concerns (Molina- mula & Gallo- estrada, 2020).

2.Description of Positive Symptoms of Patients with Schizophrenia

Based on the research that has been done, the results show that most of the hallucinations, delusions, bizzare behavior, positive formal thought disorders of the positive sub-symptoms of schizophrenia are moderate.

These results were obtained because of the implementation of the nurse's therapeutic relationship on the positive symptoms of schizophrenic patients delivered in the ward Dr. Arif Zainudin Hospital Surakarta. Therefore, the results of the negative symptoms in the moderate category were obtained more than the negative symptoms in the severe category. However, in the treatment ward there were some patients who had severe positive symptoms. This was found in patients who had just been transferred from the acute ward, so the patient still had severe residual acute symptoms. This condition is supported by research conducted by Rifqi (2015) which states that not all mental patients treated in the

treatment ward have mild symptoms, some patients still experience acute residual symptoms, especially patients who have just been transferred from the acute ward.

3.5.3 The Effect of Therapeutic Alliance on the Nurse-Patient Relationship and Positive Signs of Symptoms of Patients with Schizophrenia

1. The Effect of Therapeutic Alliance on the Nurse-Patient Relationship

The results of this study indicate that the provision of therapeutic alliance has a positive and significant effect on the nurse-patient therapeutic relationship. This illustrates that the better the therapeutic alliance provided, the better the nurse-patient relationship will be and assist in the patient's recovery (Babatunde et al., 2017). The nurse-patient relationship is a mutually beneficial therapeutic relationship. This relationship is based on the principle of humanity of nurses and clients. The quality of the nurse-patient relationship is determined by how nurses define themselves as human beings. The nurse-patient relationship is not just a relationship between a helper and a patient but more than that, namely a dignified human relationship. In the process of building a good nurse-patient relationship, trust is needed. Therefore, it is necessary to provide a therapeutic alliance or therapeutic relationship to patients in each phase, both the orientation phase, the work phase, and the termination phase between nurses and mental patients (Ns. Rika Sarfika, S.Kep. et al., 2018). Building a trusting relationship from the start will make the relationship smoother going forward, because the patient and the nurse are more open about the problems they face. With frequent communication, the patient's trust in the nurse will be even greater, so that the patient will openly tell the problems faced by the patient. Patients also feel open to listening to advice or suggestions and solutions given by nurses. These results are in accordance with Fasya's research (2018) which says that an effective therapeutic relationship between nurses and schizophrenic patients plays an important role in the schizophrenia recovery process. The therapeutic relationship can create a sense of trust, security and respect for the patient towards the nurse.

2. The Effect of Alliance Therapeutic on Positive Signs and Symptoms of Patients With Schizophrenia

The results of this study indicate that the provision of therapeutic alliance has a positive and significant effect on positive signs and symptoms of patients with schizophrenia. Positive signs and symptoms in Schizophrenic patients include regression behavior,

feelings of inadequacy, reduced supervision to impulses, delusions and hallucinations. Nursing actions that can be given are modality therapy which includes individual therapy, environmental therapy, cognitive therapy, behavioral therapy group therapy and family therapy through communication (Nancye & Maulidah, 2017). Individual therapy is a form of therapy that is carried out individually by nurses to patients face-to-face with nurse-patients with a certain duration of time in accordance with the goals to be achieved. The implementation is to use a therapeutic alliance that is carried out by nurses with patients who have the goal of being able to control the patient's positive symptoms. Therapeutic alliance or therapeutic relationship includes empathy, sincerity, respect, and warmth that nurses give to patients (Videbeck, 2011).

Empathy is a feeling of understanding and acceptance by nurses of the feelings experienced by clients and the ability to feel the patient's personal world. Empathy is something that is honest, sensitive and not artificial (objective) based on what other people experience. Empathy tends to depend on shared experiences between people involved in communication. Sincerity here means that nurses must be aware of the values, attitudes and feelings they have towards the patient's condition (Butarbutar & Fathi, 2018). Nurses who are able to show their sincerity have an awareness of the attitude they have towards patients so that they are able to learn to communicate appropriately. Respect is formed by showing belief in the patient's individual dignity and worth despite unacceptable behavior. This unconditional respect is demonstrated by not judging the patient, even though the patient's lifestyle and behavior are actually unacceptable. However, showing this unconditional respect can make the patient feel valued and respected like any other human being. Warmth, with the warmth of nurses will encourage patients to express ideas and put them into action without fear of being scolded or confronted (Wahyuningsih et al., 2019). A warm, permissive and non-threatening atmosphere shows the nurse's sense of acceptance of the patient. So that the patient will express his feelings more deeply. (Papageorgiou et al., 2012).

These results are in accordance with Fasya's research (2018) which states that nurses must always build empathy and understand the patient's condition. Therapeutic relationships will be very helpful in smooth communication between nurses and patients in order to raise the patient's confidence again. The patient's self-confidence can be built when nurses

are able to give sincere praise, give appreciation, listen wholeheartedly, show acceptance and give appreciation in the form of opportunities for patients to ask questions (Fasya & Supratman, 2018).

4. CLOSING

4.1 Conclusion

Based on the results of data analysis and discussion, the authors obtained conclusions that can be drawn from research on the Effect of Therapeutic Alliance on Positive Symptoms of Patients with Schizophrenia at Dr Arif Zainudin Hospital Surakarta 2020-2021 as follows:

1. Characteristics of Schizophrenia respondents in the treatment ward of Dr Arif Zainudin Surakarta Hospital aged 21-55 years. Most of the respondents are male. The education of most of the respondents is primary school. Most of the respondents did not work. Respondents mostly have frequent remission status. The duration of the illness of the majority of respondents is long.
2. The Therapeutic Alliance's description of the nurse-patient relationship was in the moderate category and the Therapeutic Alliance's description of the positive symptoms of schizophrenia was in the moderate category.
3. There is an effect of giving Therapeutic Alliance on the nurse-patient relationship and positive signs of symptoms of patients with Schizophrenia.

4.2 Recommendation

1. For Clinical Parties

It is expected to maintain the quality of human resources in the field of nursing as nursing care providers, especially in attitudes and skills in communicating and building relationships with patients.

2. For Nurses

It is expected to increase knowledge to improve individual quality. It should always be realized that therapeutic communication and therapeutic relationships are indispensable in improving the quality of nursing services. Nurses must communicate with patients while upholding ethics and always being polite and greeting before and after communicating. And nurses must be open, show empathy, provide appropriate and good responses to patients.

3. For Further Researchers

It is hoped that further research will be conducted by conducting research with a wider population and different samples. This research is expected to be used as a reference for developing research the same one.

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